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Attorney for Plaintiff
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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

PATRICIA BROYLES,

Plaintiff,

vs.

A.U.L. CORPORATION LONG-TERM
DISABILITY INSURANCE PLAN

Defendant,

CASE NO. C07-05305

STANDARD INSURANCE COMPANY,

Real Party in Interest.

PROOF OF SERVICE

RETURN OF SERVICE

DATE

Service of the Summons and Complaint was made by me ¹

10-23-07

Name of SERVER

SUSAN POPE

TITLE

Check one box below to indicate appropriate method of service

- ☐ Served Personally upon the Defendant. Place where served:
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left:
- ☐ Returned unexecuted:
- ☒ Other (specify): VIA CERTIFIED MAIL TO:
(BROYLES) STANDARD INSURANCE CO.
1100 SW SIXTH AVE.
PORTLAND, OR 97204

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL


DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

10-23-07

Date



Signature of Server

1516 OAK ST. #109, ALAMEDA, CA

Address of Server

94501

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

10-23-07

BROYLES

7004 0550 0001 0733 3549

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.13

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Sent To	
STANDARD INSURANCE CO.	
Street, Apt. No., or PO Box No. 1100 SW SIXTH AVE.	
City, State, ZIP+4	
PORTLAND, OR 97204	

PS Form 3800, June 2002

See Reverse for Instructions